



LIMITED / RESTRICTED LICENSE RENEWAL

Office Use Only

Date Received: _____
Payment Amount: _____
Staff Initials: _____
License Status: _____

Name: _____ License Number: _____

Mailing Address: _____

Mailing Address
Is Public
Information

NEVADA STATE BOARD
OF DENTAL EXAMINERS
6010 S. Rainbow Blvd. A-1
Las Vegas, NV 89118
(702) 486-7044

☐ Change of Mailing Address

LICENSE STATUS _____

READ THIS FORM CAREFULLY

RENEWAL OF YOUR NEVADA LIMITED LICENSE IS COMPLETE UPON THE BOARD'S PHYSICAL RECEIPT OF THE FOLLOWING INFORMATION NO LATER THAN JUNE 30, 2014: INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED. PROVIDE ALL INFORMATION REQUESTED TO AVOID RETURN OF FORM.

FOR LIMITED/RESTRICTED
LICENSE RENEWALS:

This form with all questions answered and affidavit signed; renewal fee in the appropriate amount; current CPR, ACLS, or PALS certification dates entered on the form. THIS IS AN ANNUAL RENEWAL FOR THESE LICENSE TYPES PURSUANT TO STATUTE.

\$100

STATEMENT OF ANNUAL LICENSE RENEWAL – JULY 1, 2014 – JUNE 30, 2015

NRS 631.342 requires all licensees fulfill a mandated four (4) hour continuing education course in "terrorism" to be completed within two (2) years after receiving initial licensure in this state. The state mandated "terrorism" course is in addition to your required CE hours. You must provide a copy of the certificate of attendance to receive credit for this "terrorism" course.

Instructional CEU for Terrorism Course on File: _____		Limited License Contract Expiration: 06/30/2014	
I attest that I have completed the required hours of continuing education with recognized providers. I understand that all continuing education certificates of completion issued by recognized providers must be maintained for a minimum of three years and may be audited by the Board pursuant to NAC 631.177.			Place Check <input type="checkbox"/>
Current CPR dates on file: Begin: _____ End: _____		Enter new dates: Begin: _____ End: _____	
I attest that I have inserted valid dates of current CPR certification on this form for a course taken with an actual administration demonstration by me that was not completed online. I understand that all certifications for CPR issued by certified instructors must be maintained for a minimum of 3 years and may be audited by the Board pursuant to NAC 631.177.			Place Check <input type="checkbox"/>
Current ACLS dates on file: ACLS Expiration: _____		New ACLS dates: Begin: _____ End: _____	
Current PALS dates on file: PALS Expiration: _____		New PALS dates: Begin: _____ End: _____	

Pursuant to NAC 631.260, I certify that all persons I supervise (listed below), except for licensed dental hygienists, to assist in radiographic procedures, are qualified to assist in such procedures (attach additional sheet if necessary)

EMPLOYEE	TITLE	DATE BEGAN ASSISTING
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Pursuant to NAC 631.178, I certify that all person I supervise (listed below), except for a licensed dentist or dental hygienist, who assist in procedures for infection control, are trained and qualified to assist in such procedures (attach additional sheet if necessary)

EMPLOYEE	TITLE	DATE BEGAN ASSISTING
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ANESTHESIA RENEWAL: Only Applicable to Current Permit Holders

FEE: \$50 (Annual Renewal)

FOR EACH PERMIT ISSUED – Each administrator permit includes (1) site permit. Additional site permits are \$50 each (annual) Include the appropriate permit renewal fee. Overpaid fees cannot be refunded. Underpaid fees necessitate return of renewal.

CONSCIOUS SEDATION _____ GENERAL ANESTHESIA _____ SITE PERMIT _____

Current Permit Number(s): _____ Current Site Permit Number(s): _____

I attest that I have completed at least 3 CE hours (required every 2 years) related to anesthesia or sedation, as applicable to the type of permit I hold.

Place Check
☐

Verify practice and home addresses shown below and the mailing address at the top left of the first page. All addresses are treated individually. If any changes are necessary, please check the box next to EACH ADDRESS that requires change and provide the current information on a separate sheet. Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing (or updated online) within thirty days of such change.

IF YOU HAVE MORE THAN ONE OFFICE, PLEASE LIST ANY OTHERS ON A SEPARATE SHEET INCLUDING LICENSED DENTIST NAME

NAME/PRACTICE NAME/DBA _____	OFFICE TELEPHONE _____
DENTAL PRACTICE MANAGEMENT ENTITY _____	OFFICE FAX _____
OFFICE ADDRESS _____	TOTAL NUMBER OF CURRENT OFFICE LOCATIONS _____
CITY/STATE/ZIP _____	
EMAIL: _____	<input type="checkbox"/> Change of address (Note on separate sheet)
HOME ADDRESS _____	HOME TELEPHONE _____
CITY/STATE/ZIP _____	HOME FAX _____
EMAIL: _____	<input type="checkbox"/> Change of address (Note on separate sheet)

AFFIDAVIT

I hereby certify the following to the Nevada State Board of Dental Examiners for the period of July 1, 2013 through June 30, 2014:
(Place X on Yes or No)

1. Have you been convicted of a felony(ies) and/or misdemeanor(s)? If Yes, you must provide a written statement outlining the facts.	____ Yes	____ No
2. Have you had a license to practice suspended, revoked, or placed on probation in another state or territory of the US or the District of Columbia? If Yes, you must provide a written statement outlining the facts.	____ Yes	____ No
3. Have you had filings or service or claim(s) or complaint(s) of malpractice or disciplinary action(s) including mandatory supervision, reprimand, or current notice of investigation, in any jurisdiction outside of the State of Nevada pursuant to NAC 631.050 and NAC 631.155? If Yes, you must provide a written statement outlining the facts.	____ Yes	____ No
4. Are you subject to a court order for the support of one or more children (i.e. - do you have a child support order?)? (If YES, MUST answer question [a] below)	____ Yes	____ No
a. Are you in compliance with the court order or a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the court order for the support of one or more children. If you are not in compliance, you must provide a written explanation.	____ Yes	____ No
5. Have you conducted practice within the provisions of NRS 631 and NAC 631?	____ Yes	____ No
6. Do you have a history of addiction(s) which would impair your practice pursuant to NRS 631 and NAC 631?	____ Yes	____ No
7. Do you utilize laser radiation in the performance of your practice? (If YES, MUST answer question [a] below)	____ Yes	____ No
a. Have you submitted appropriate certification to the Board pursuant to NAC 631.033 and NAC 631.035?	____ Yes	____ No
<i>**If not previously submitted, attach a copy of certification of laser proficiency indicating completion of a course of at least 6 hours in length and based on the curriculum guidelines and standards for dental laser education as adopted by the Academy of Laser Dentistry.</i>		
8. I attest by checking "Yes", I am aware of the mandatory requirement to report child abuse and neglect in accordance with the laws of the State of Nevada. Yes _____		

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE - NRS 622.240

All licensees **MUST** complete this section, regardless of license status. Please select **ONE** option:

- ☐ I have a Nevada business license number assigned by the Secretary- of State upon compliance with the provisions of NRS Chapter 76.
My Nevada business license number is: _____.
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- ☐ I do NOT have a Nevada business license number.

The Nevada State Board of Dental Examiners is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>.

I authorize and empower the Nevada State Board of Dental Examiners or its agent to contact any person, firm, service, agency, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my license renewal and affidavit. I understand that any omissions, inaccuracies, or misrepresentations of information on this renewal application are grounds for rejection of this application and the revocation of a license which may have been obtained through this application.

LICENSEE SIGNATURE _____

DATE _____